statement

	1 PLACE OF DEATH 12257	STATE OF M CERTIFICATE	
C	ounty Dit	Registration	Dist. No.
Villa	age or City Mys/M (No	St.;Ward)	(If death occurred a hospital or lustication, give its NAME; stend of street a number.)
Man - 100 P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) 17 I HEREBY CERTIFY, That I at	(Day) , 102 A
6 D	ATE OF BIRTH	192 , te	
	(Month) (Day) (Year)	that I last saw hallye on	, 198
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:	
(b) (b)	Articular kind of work) General nature of industry usiness, or establishment in hich employed or (employer) (RTHPLACE (State or country)	Contributory	yrainos
TS	10 NAME OF FATHER MANA. S. Alvey 11 BIRTHPLACE OF FATHER	(Signed) 4-3-4-1111	
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MANUEL August OF MOTHER	*State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospital)	
	13 BIRTHPLACE OF MOTHER (State or country)		yrsmos
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) dimand J. Morey	Former or usual residence	
	(Address) Camp/m	19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
15 F	"iled \\" 1. 2/ 192 2 . d. /3. Johns	20 UNDERTAKER	ADDRESS

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH

	/ <i>VV</i>	de l	1092/
*****************	(Month)	(Day)	(Year)
17 I HEREBY C			
	192, to	• • • • • • • • • • • • • • • • • • • •	, 192
that I last saw h	allve on		, 192
and that death occurr	ed on the date stated	above, at	
The CAUSE OF DEAT	H 💸 was as follows:		
***************************************	0		9-9-9
	4		*****
**************************************		9944	*************
	(Duration)	yreır	nos de,
Contributory			
Secondary			,
	(Duration)	yrsn	nos da
(Signed)	10- July	2 HALL	M. D.
Jun 2/ 192 2	(Address)	Maur	La Character

ental. Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transor Recent Residents)

Ses A.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no cecupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer; Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also, (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the dis-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such. If impossible to determine definitely. can be ascertained as the cause. Always qualify all Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or taken. For violent duaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions." "Debility" ("Congenital," "Senile," etc.), symptomatie), "Atrophy," "Collapse," "Coma," "Coneouditions. such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meneausing death), 29 de.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name orlgin; "Cancer" is less definite; avold (Recommendations on state-Example: Measles (disease The na-Measles; (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0EC 8 1955

PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
Cou	nty St Mary 12258	CERTIFICATE OF DEATH Registration Dist. No. 287
VIII	2 FULL NAME Bussell ander	St.; Ward) [If death necestred a hospital or locative give to NAME bust of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Black SEINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Xo
* D/	Month (Month) (Day) (Tour)	that I last saw him alive on 200/7 18
TAC		and that death occurred on the date stated above, at 4.30. The CAUSE OF DEATH * was as fellows:
O bi	b) Coneral sature of Indestry staces, or establishment in sich amplayed (or amplayer) INTHPLACE (State or country) Mornila	Contributory Secondary
RENTS	10 NAME OF FATHER Matus Andrews 11 BIRTHPLACE OF FATHER (State or country) Mongland 12 MAIDEN NAME	(Signed) (Signed) PJ B *State the Dispass Causing Drath, or, in deaths from Violence Causins, state (1) Means of Injuny; and (2) whether Accidental Suicidal or Homicidal.
14 T	13 BIRTHPLACE OF MOTHER (Blate or country) Marghand HE ABOVE 16 TRUE TO THE SEET OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place is the set of death
	(Informant) Logges ties and association	Former or west residence
	(Address) I dan and Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, of the second statement. Never return "Laborer." "Foreman," "Manager," "Feeler." etc., without more write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question toat mine, ctc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) (rocery; (a) Foreman, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in therefore an additional line (a) Spinner, (b) Cotton But in many cases, If retired from (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to unqualified. is indefinite); Tuberculosis of lungs, menin Typhoid fever (never report "Typhoid pneumonia") Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. Examples: pneumonia, Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. cause. on Nomenclature of the American Medical Association.) under the head of "Contributory." surgical operation was undertaken. "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, nephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck state MEANS OF INJURY and qualify as ACCIDENTAL birth or miscarriage etc., when a definite disease can be ascertained as the "Anaemia" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railwoy troin-accident; Revolver Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereuras "Puenperal septicharmia," by b "Ursemia," "Weakness," corbolic acid-probably State cause FOR VIOLENT DEATHS Never report more (Recommendations for which wound of

tions answered in If this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspond-

the certificate is permanently filed.

No. 1.

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2.

Village or City Hermanniele 2 FULL NAME Lawa, Trelier	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 80 St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feedle Blook Single, MARRIED Mersel Slook (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 f LESS than 1 day, hrs. OR min.?	that I last saw here alive on white the date stated above, at y Pm The CAUSE OF DEATH & was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Makestandary **Makestandary	Contributory Secondary (Duration) yrs mos di
10 NAME OF FATHER Thus Word 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER RULE Cole	(Signed) *State the DIBEASE CAUBING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER CLUESE Cole 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information) (Information) OF MOTHER CLUESE Cole 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At placs in the of death yrs. mes. ds. Stete, yrs. mes. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Addréss) Felmorelle, 15 Flied On - 9. 1962 L. Burche REGISTRAR Ti more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL P. 1912 20 UNDERTAKER ADDRESS Valley Lee 16 W. Saratoga St., Balton, Requesting V. S. No. 1

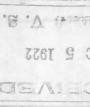
[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. will; (a) Salesmon, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the uature of the especially in industrial employments, it is necessary cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective Cool mine, etc. Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," or term on the If retired from (b) Autoof age.

unqualified. 18 indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic eerebrocausing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. Examples: paramonio. Branchopneumanio using always the same accepted ("Pneumonia, pneumonia"); Cerebrospinal

> and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee genital," head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck state means of injury and qualify as accidental, surgical operation was undertaken. "PUERPERAL perilonitis," etc. birth or miscarriage eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia, nephrilis, etc. The contributory (secondary or intercur-"Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic volvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railwoy train-accident; Revolver wound The nature of the injury, as fracture of skull, "Coma," "Senile," etc.), "Convulsions," "Debility" ("Conas "Puerperal seplichaemia, "Dropsy," "Exhaustion, carbolic State cause for which For VIOLENT DEATHS acid-probably report mere

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



No. v:

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				L' Chuq	of from
SE			OR RACE		Ruja
DAT	re of Bil	trii	nor	9	1922
AGE		ута.	(Month)	(Day)	If LESS than I dayhrs.
(b) bus whi	General nations, or each employed	of work ature of industablishment ed or (emple	stry t in oyer)	y loo	
	FATHE	R		money	L
	OF FAT (State	HER or country)		y les	
- 1	OF MOT	A TA 50 10 E E		our de	
-		PLACIE			
1	3 BIRTHI OF MOT (State	HER or country)	Che	eles la	0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 383

1 aun Door Burrow	a hospital or institu- tion, give its NAME in-
MEDICAL CERTIFICATI	E OF DEATH
16 DATE OF DEATH	
(buth)	(Day) , 1(22
17 I HEREBY CERTIFY, That I	attended the deceased from
mr 9 192 - to 7	202/0 1922
that I last saw harmalive on	
and that death occurred on the date sta	ted above, at 11 am
The CAUSE OF DEATH & was as follows	and the state of t
	9
Relanded	Local
***************************************	• A • • • • • • • • • • • • • • • • • •
(Duration)	
Contributory Marform	alen of where
+ pressur on brang (Duration)	
+ pursue on bran (Duration). (Signed) Warry & Cohop	pale M.D.
ner 10 192-2 (Address) Has	chemile md
*State the Disease Causing Dea Violent Causes, state (1) Means of I Accidental, Suicidal or Homleidal.	h, or, in deaths from njury; and (2) whether
18 LENGTH OF RESIDENCE (For Hoselents, or Recent Residents)	spitals, Institutions, Trans-
At place Int of death yrs mos, da, St	he ate,yrsmosda,
Where was disease contracted, if not at place of death?	Notes and the second se
Former or usual residence	300
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	10
20 UNDERTAKER	ADDRESS

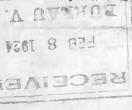
If more Manks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and Americau Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruunt, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked ou may form part of the second statement. Never return "Laborev," "Foreman," "Manuger," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the markage causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the ouly definite synonym is "Epidemie cerebrospidal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia");

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY Poisoned by carbolic acid—probably suicide. State cause for which surgical operation was under-"Puerperal septicaemic," "Puerperal peritonitis," diseases resulting from childhirth or miscarriage as ean be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions." "Debility" ("Congenital," "Senile," etc.), conditions. causing death), 29 ds.; Bronchopncumonia (secondstated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men (Secondary or intercurrent) Whooping cough; Chronic valvular heart discase; of "contributory." (Recommendations on statesuch as "Asthenia." affection need not be "Anaemia" Always qualify all "Coma," "Con-(merely



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MACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
12260	Registration Dist. No. 28.7
Village or City It Inigros (No	St.;Ward) [If death accorred in a hospital or institution, give its flams institution, give its flams institution, give its flams institution.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX' 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCEO (Write the word) 8 DATE OF BIRTH	18 OATE OF OEATH Morenda 3, 1912 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from June 25, 1912, to July 26, 1912.
7 AGE (Month) (Day) (Year) (Year) (Month) (Day) (Year) (Year) (Age of the LESS than 1 day, brs. or min.?	that I last saw have alive on July 26, 122 2, and that death occurred on the date stated above, at 327 m. The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trada, profession, ar particular kind of work (b) General salura of indestry business, ar astablishment in which employed (or employer) © BIRTHPLACE (State or country)	Chronic Interstities) applies (Burstine) 3 pro mon do Contributory Booondary
10 NAME OF FATHER Mason Jordan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or oountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informed) Frank Butler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piecs Is the of death yes, mos, ds, Stats, yes, mos, ds. Whore was disease contracted, if not at piece of death? Former or accultresidence
(Address) St higoes 18 Filed Nov 4, 1922 Pfor Monthson Registran Order moon blanks are narded, address State Registran. 1	DATE OF BURIAL St Imyous Church Mox. 5, 1022. 20 UNDERTAKER Cruet Robinson Dameron, Mod 8 W. Saratoga St., Balto., Regressing V. S. No. L.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the bisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill, (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the engineer, Stationory fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective tion is very important, so that the relative healthful--Cont mine, etc. Statement of Occupation-Precise statement of occupaspecification as Day laborer, Furm laborer, Loborer various pursuits can be known. The question Women at home, who are engaged in Locomolive engineer, But in many cases, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "PUERPERAL perilonilis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage as "Puerperal septichaemia." cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Anaemia" (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound "Old Age," "Shock," "Uraemia," "Weakness," "Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Aurophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby earbolic acid-probably State cause for which FOR VIOLENT DEATHS

PINDING

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RESERV

ARGIN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. additional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Physician, Compositor, Architect Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e. g., sepsis, tetanus) may be stated under the rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) meut of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; (uame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvulur heart disease: (Recommendations on state-"Anaemia" "Coma," "Con-(merely (second-

-	PLACE OF DEATH	STATE OF MARYLAND
	AT Pacasa-	CERTIFICATE OF DEATH
Con	12262	Registration Dist. No.
Villag	ge or City Afrilly week (No	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH
3 SE	markied, Wildowed Confermation (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	If LESS than	The CAUSE OF DEATH & was as follows:
	82 / 6 dayhrs.	The CAUSE OF DEATH 27 was as follows:
(a)	CUPATION Trade, profession or	Buncho Oneumona
	General nature of industry	
	siness, or establishment in ich employed or (employer)	(Duration)yrsmosds.
,	ETHPLACE (State or country)	Contributory Secondary A. (Duration)yrs,mosds,
T	10 NAME OF FATHER OSSIL Closed	(Signed) I I Breeze M.D.
N.	11 BIRTHPLACE OF FATHER (State or country) of Many last	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Menns of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER ANTHONOMY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
1	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos da. State,
14 TI	IE ABOVE IS TRUE-TO THE BEST OF MY KNOWNEDGE	Where was disease contracted, if not at place of death?
(Informant) Vancent Clover Course	Former or usual residence.
	(Address) Hellywood	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fil	led 11 1922 Eddinglin	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed and children, not gainfully em--Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "eontributory." train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all rhage," "Inaultion," "Marasmus," "Old Age," "Shoek," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medleal Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway and qualify as Acedental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorstated unless important. Example: Mcastes (disease use of "Tumor" for malignant neoplasms); vulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(seeondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or Chronie valvular heart (Recommendations on state-The na-Measles; (merely terminal (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1855

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PERMANENT d THIS INK UNFADING WITH PLAINLY WRITE

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement EXACTLY. stated properly classified. pe should AGE carefully supplied. may be certificate. that It 80 0 pe on back DEATH in plain terms. should See Instructions of information CAUSE OF Important.

7 AGE

PARENTS

15

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(b) General nature of Industry,

business, or establishment in

which employed (or employer)

yrs.

11

PLACE OF DEATH .		STATE OF MARYLAND
St. Maris	19969	CERTIFICATE OF DEATH
S	12263 O	Bodistantian Diet N. 2

County ... Registration Dist. No........... [If death occurred inWard) a hospital or Institution, give its NAME Instead of street and number.1 ² FULL NAME PERSONAL AND STATIS 3 SEX 4 COLOR OR RA 6 DATE OF BIRTH

TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R RACE SSINGLE, MARRIEO, WIDOWEO, OROIVORCED (Write the word)	16 DATE OF DEATH April 18 DATE OF DEATH (Month) (Day) (Year)
(write the word)	17 I HEREBY CERTIFY, That I attended deceased from
hov, 28 192	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on,191
If LESS that 1 day,hrs .mos. ds. ORmin.?	and that death occurred on the date stated above, at
none	Still home
	(Duration) yrs. mos. ds.
navis Co hub	Contributory (Secondary)
ter Daley	(Signed) (Si
Marijo Go. Mad	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
la Gladdy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
1 0 1 1	OR RECENT RESIDENTS)

of death yrs. mos. ds. State yrs. mos. ... ds Where was disease contracted.

if not at place of death?.

Former or usual residence

REGISTRAR

19 PLACE OF SURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of liof persons engaged in domestic service for wages, as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an heen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material, worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. chiidbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. ctc., of The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

N. W.

V. S.

PLACE OF DEATH	STATE OF MARYLAND
County & Many & 10001	CERTIFICATE OF DEATH
12264	Registration Dist. No.
Village or City MAG (No,	St; Ward) (If death occurred in a hospital or institu-
1/1/2061	tion, give its NAME in- stead of street and number.)
2 FULL NAME JANA WWW.	nachwal Rumber,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal White Single, Married Malling Mallied OR DIVORCED (Write the word)	(Month) (Day), 1522
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That Lattended the deceased from
January 13 ,050	that I last saw hands alive on Nov 2 6 1922.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsyrs	mestilal preparities brone.
OCCUPATION (a) Trade, profession or	Trights disease. cursos
particular kind of work farming.	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory Secondary
(State or country) Hary and	(Dyration)yrs
10 NAME OF FATHER Toland Micked disamban	(Signed) M.D.
11 BIRTHPLACE OF FATIER	*State the Disease Causing Death, or, in deaths from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Masia HE Ray	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	:ents, or Recent Residents) At place In the
(State or country) / / OUN DO O	of death yrs. mos da. State, yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James & Jugas & Vumbas	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lameron	14. H. Las 1 09
Filed Nav30 19222 E. Brief	20 UNDERTAKER ADDRESS
Filed 19222 Registrar	Q L'Robinson Dameron

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. L.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseeu at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Statement of Oceupation-Precise statement of oe For many occupations a single word or term on 01. AtHome, and children, uot gainfully em-For persons who have no occupation If the occupation has been changed The material

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Publie Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The material But in many neces-

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ence: All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

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1 PLACE OF DEATH	STATE OF MARYLAND
0 - 0	CERTIFICATE OF DEATH
County & Mary 12266 (71-0) Registration Dist. No. 25
Village or City Vacydes (No	
Wie Henry	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
June 2 Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year) 17 I HEREBY GERTIFY, That I attended the deconced from
6 DATE OF BIRTH	1-
4.0 9	192.2., to UTTh.,
(Month) (Day) (Year)	that I lost saw h Lan., alive on . Oran,
7 AGE If LESS than	and that death occurred on the data stated above, at
l dayhrs.	The CAUSE OF DEATH & was as follows:
	Translant maniguet
(a) Trade, profession or particular kind of work.	No fainther information car 366
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory
(State or country) It many loo hel	(Duration)yrsmos da.
10 NAME OF	
FATHER FRIER Henrick	(Signed) M. D. Malley Es, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 17 MOTHER 18 MOTH	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Constant Cautofiershen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Descell the	Former or usual residence
(Address) Wranden Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 March 11 23/11/2 2008	20 UNDERTAKER ADDRESS
Filed 192 Nathan Registrar	Thomas V. Bucal, Talley Tee, In
If many blanks are needed address State Designan	10 W Sanatama St. Dalto Degrating V S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer;" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement should be used only when needed. additional line is provided for the latter statement; it Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Plantor, Civil engineer, Stationary fremen, etc. fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation - Precise statement of oc ·. 515 or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed As examples: (a) The material But in many

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumouia,")

Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) muy be stated under the ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," Poisoned by carbolic acidtaken. For violent duaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," conditions, such as "Asthenia," ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carchoma, Sarcoma, etc., of "Dropsy." "Exhaustion." "Heart failure." vulsions." causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Chronic interstitial nephritis, etc. The contributory Whooping cough; .. (manne origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal intercurrent) affection need not be Chronic valvular heart disease; (Recommendations on state-Example: Measles -probably suicide. "Anuemia" "Coma," "Con-"Haemor-Meastes; (disease (second-(merely

W S. No. L.

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PLACE OF DEATH	STATE OF MARYLAND
12267	CERTIFICATE OF DEATH
County	(8)
1,0	Registration Dist. No. 28
Village or City Theresas Man (No,	St.; Ward) [If death accurred in a hospital or institution,
1 / 1 9 /	give his KAME Instead of street and number,]
2 FULL NAME dufant Tord	w vilge and regress, j
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX' 4 COLOR OR RACE 5 BINGLE,	16 DATE OF DEATH NOT 3 1022
Themale White WIDOWED Single	(Month) (Day) (Year)
DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	1022, to 2005 5, 1022,
(Month) (Day) (Year)	that I last saw han allvoon Still bon tor 1022,
T AGE If LESS than	and that death occurred on the date stated above, at A.m.
1 day, brs. or min.?	The CAUSE OF DEATH # was as fellows:
	·
OCCUPATION (a) Trade, profession, sr particular blue of work	Jalmatura birth Jeamsermknown
(b) Conoral nature of industry	
business, ar establishment in which ampleyed (ar empleyer)	(Burstina)
* BIRTHPLACE (State or country)	Centributery Secondary
Mary land	
10 NAME OF FATHER	(Signed) PSB-common M. B. B.
o wall from	· =
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT
	Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
a OF MOTHER Engentia Touse	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
18 BIRTHPLACE	OR RECENT RESIDENTS) At piece in the
OF MOTHER (State or country) Maryland	of death pre. mee. de. State, pre. mee. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whose was alsease sourcesso, If not at placs of death?
(Informant) Carl Frond	Former or monel residence
de ille mil	19 PLACE OF BURIAL OR REMOVAL DATE OF SURIAL
(Address) Francauville, Md.	Hermanville Ind Wor 5, 1022
Flor Por so 1992 Poplan Mo.	20 UNDERTAKER ADDRESS
ACAL REGISTRAR	Paul Frond Hermanville Ms

16 more blanks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Fareman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Procery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. yrs.). For persons who have no occupation whatever Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-If the occupation has been changed Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified. is indefinite); Tuberculosis of lungs, meninunqualified.

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Conlapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver cause. Always qualify all diseases resulting from childcte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstition chopneumonia (sccopdary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull The contributory (secondary or intereur-"Uracmia," "Weakness, Never report mere ACCIDENTAL, mound

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly-elessified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMAN FOR BINDING TH UNFADING INK---THIS MARGIN RESERVED AINLY, WRITE

No. 62 p.

PLACE OF DEATH		S	TATE OF M	IARYLAND
XT Maria	19989	CE	RTIFICATE	OF DEATH
County	エストリ	(160)	Registration	Dist. No. 283
La Colonia			11061011111111	
Village or City Valle Wood,		St.	; Ward)	(If death occurred in a hospital or institu-
		(landam)		tion, give its NAME in- stead of street and number.)
2 FULL NAME	*******************	Jo Lacoro		number.)
PERSONAL AND STATISTICAL PARTICULAR	LARS		CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	0. 00-	16 DATE OF DEATH	nows	24 1002.
WIDOWED OR DIVORCE	D	***************************************	(Month)	(Day), 192 (Year)
(Write the wo	rd)	17 1 HEREBY CER	TIFY, That I alt	ended the deceased from
6 DATE OF BIRTH			192, to	, 192
V40 29	, 1922	that I last saw h	live on	, 192,
(Month) (Day)	(Year)	and that death occurred	on the date stated	d above, atm.
	If LESS than I dayhrs.	The CAUSE OF DEATH	was as follows:	
yrs,mos,ds.	1	***************************************		
8 OCCUPATION (a) Trade, profession or		000000000000000000000000000000000000000		
particular kind of work		***************************************		>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
(b) General nature of industry business, or establishment in			(Duration)	yrsmosds,
which employed or (employer)		Contributory		
9 BIRTHPLACE (State or country)		Secondary		
1 10 NAME OF ()		1/1/2	((Duration)	D. yrs de.
FATHER LOUISO STAGE		(Signed) LL L. L. gla f	m.	W. D.
11 BIRTHPLACE OF FATHER			Address)	in daths from
(State or country)		Violent Causes, state	(1) Means of Inju	ury; and (2) whether
of nother PASA)		18 LENGTH OF RESIDE	ence (For Hospi	itals, Institutions, Trans-
13 BIRTHPLACE		ients, or Recent Reside At place	ents)	
OF MOTHER (State or country)	NUMBER OF THE PARTY OF THE PART	of death yrsmos	da. State	c,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	Where was disease contracted, if not at place of death?		
(Informant) Lewis Jordan		Former or usual residence.		
Laurel Gra	(10)	19 PLACE OF BURIAL	R REMOVAL	DATE OF BURIAL
(Address)		ST Joseph		Nov 29 ,1022)
Filed Nov 30 1922 L. B. John	won	20 PNDERTAKEN	0	ADDRESS
1,72	Registrar	Leure for	dan	Louel George
If more blooks are needed, address Sta	te Registrar.	16 W. Saratoga St., Balt	o., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Burrell Mealth Association.)

ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At Home, and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," stated unless important. Example: Mcaslas causing death), 29 ds.; Bronchopncumonia inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "Puerpenal septicaemia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, monment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Nomenelature of the American Medical Association.) Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Anaemia" (second-(discase (merely

I DI ACC OF DEATH

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No.		
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W.C.	PEROE OF BERTIF	STATE OF MARTLAND
Carre	St: marys	CERTIFICATE OF DEATH
Coun	12269	(98) . CERTIFICATE OF BEATT
	_ 1	Registration Dist. No. 256
14:11	ge or City. Abell's (No	St.; Ward) III death accurred in
Vina		a nospiral or institution,
	& lill	-3 Malling ley give its NAME instead of street and number.]
	2 FULL NAME James Ovoron	-3 rate ling key
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X	16 DATE OF DEATH NOV 1/ 102 %
1	WIDDWED	(Month) (Day) (Year)
	Male Mhile OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	2
	march 18 1920	
	(Month) (Day) (Year)	that I last saw h alive on 7000 10 , 1912 4
TAG		and that death occurred on the date stated above, at 2.36 m.
	1 day,hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. or min.?	Sussocation Coursed by Some
8 0	CCUPATION	
0 (8) Frade, profession, or // // // // // // // // // // // // //	Liagnorea Stationa was climinates
) General nature of industry	Liagnorea. Tehteria was climinales
O 00	siness, or establishment in	(Bursilon)yrémos. ds.
	ich employed (or employer)	
BI	IRTHPLACE (State or country)	Secondary Secondary
_	mee ?	Galantal Comy (Duration) yrs mos 9 to
	10 NAME OF Som A. Mallingles	(Signed) Maller B. Dent - M. O.
u		my 11st 1002 ledone Dakeley mas
NTS	of FATHER MAL	, ISE (Address)
FI	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.
(C)	12 MAIDEN NAME OF MOTHER 2	SUICIDAL OF HOMICIDAL
0	OF MOTHER Madeline Bailey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER MOL	Af place in the
	OF MOTHER (State or country)	of death yrs. mes. ds. Stats, yrs. mos. ds. Where was disease contracted,
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) Ifm H. Mallingley	Former or
	(MIDI HEAD)	vsual residence
	(Address) aleee Trace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Sacrea Heart - Bow/2, 1942
10	11-11- 11 / 1 V. Calu	20 UNDERTAKER ADDRESS
FI	REGISTRAR	Eugen Hall Dyorard me
U	if more plants are meeded, address State Megistrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Trocery; (o) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons eniployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Houseksepers precise specification as Day loborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. Foreman," "Manager," "Dealer," yrs.). Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, Civil eer, Stationary firemon, etc. But in many cases, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal mening!;**"; Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, mening

ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of ... cough; Chronic valvular heart disease; Chronic interstitial birth or miscarriage as "Puerperal septichaemia, "Puerperal pertionitis," etc. State cause for which mus," "Old Age," "Shock," "Uraenia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Meosles (disease eausing death), 29 ds.; Browrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (e. head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," on statement of cause of death approved by Committee suicide. to determine definitely. Examples: Accidental drowning, an Nomenclature of the American Medical Association.) Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereurg., sepsis, telonus) may be stated "Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion,

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING < 2 FOR INK-THIS RESERVED ITH UNFADING MARGIN PLAINLY, WR

S. No. 1.

60 2

Village or City Port Hanse	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 80 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Block SINGLE, MARRIED, MIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 170 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw here alive on the date stated above, at 40, m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER OF LAND STATE OF FATHER OF MAINTER OF FATHER OF MAINTER OF MOTHER OTHER OTHE	(Signed) (Signed) (Address) State the Dibease Causing Death, or, in deaths from Violunt Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother M. Dorsey. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yes mos ds. Stata, yes mos ds. Where was disease contracted, it not at place of death? Former or usual residence
(Address) & Port Have 15 Filed Our, 20, 1910 2. E. Birch REGISTRAR From blanks are useded address State Positions	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER DADDRESS DADDRESS DADDRESS DADDRESS DASS DADDRESS DASS DASS



[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed At home. Carc Never Locomotive engineer, return If retired from The question "Laborer," should be

unqualified. is indefinite); Tuberculosis of lungs, meninever. spinal maningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Typhoul fever Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. meumonia. (never report "Typhoid pneumonia"); Bronchopneumonia using always the same accepted Examples: ("Pneumonia, Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial by railway train-accident; Revolver The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-"Coma," for malignant neoplasms); Measles; Whooping (merely symptomatic), oma," "Convulsions," "Dropsy," "Exhaustion," carbolic acid-probably "Debility" ("Con-Never report mere "Atrophy," ACCIDENTAL, punon important.



LY PHYSICIANS A PERMANENT BINDING ITH UNFADING INK-THIS IS FOR RESERVED MARGIN PLAINLY WR

S. No. 1.

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Village or City Screland (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 10
² FULL NAME / MUSICALIA	· · · · · · · · · · · · · · · · · · ·
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
O DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	that I last saw has alive on least above, at and that death occurred on the date stated above, at a m.
yrs. mos. ds. OR mln.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of Industry business, or establishment in which omployed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. mos. ds. Contributory Secondary
10 NAME OF Slephen Green 11 BIRTHPLACE 2 COFFATHER (State or country) 12 MAIDEN NAME ((Signed) 191 (Address) "State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
of MOTHER Terlinde M C Hoy 13 BIRTHPLACE OF MOTHER (State or country) 114	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place la the of dealh
(latermant) Suphru Fru Schleus (Address) Schleus	If not al place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files Over 24 1922 E. Barch REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Realth Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully Housemaid, etc. taken to report specifically employed, as At sehool or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. of various pursuits can be known. The question is very important, so that the relative healthful-Compositor, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Architect, ," "Dealer," the occupations of persons At home. Care should be Never return Locomotive etc., without more If retired from engineer, "Laborer," (b) Autoof age.

unqualified. is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); lever causing death (the primary affection with respect to Typhoid fener (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. Examples: pneumonio. Bronchopneumonia gursn always the same accepted ("Pneumonia, pneumonia") Cerebrospinal

> on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated on statement of eause of death approved by Committee head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chapmeumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, genital," "Senile," etc.), lapse," "Coma," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of MEANS OF INJURY and qualify fig Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound (merely symptomatic), "Convulsions," "Debility" "Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations "Atrophy," "Col-28 acid-probably ACCIDENTAL, important. ("Con-

Every item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 8 Z

BINDING

FOR

RESERVED

V. S. No. 1.

county St. Mary 12272	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283
FULL NAME William Henry	St.; Ward) [it death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Single Married Single Mibourd Off Divorce (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Month Day (Year) 7 AGE If LESS than 1 day, hrs.	that I last saw h alive on the date stated above, at A. m. The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) A. J. MASAN OF CALL MAG. State the DISPASE CAUSING DEATH, Or, in deaths from Figure Causes, state (1) MEANS OF INJURY; and (2) whether Accidental.
OF MOTHER CELLEN COLE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent) When the state of t	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place in the of death yis, mes, ds, Stata, yis, mee, ds. Where was disease contracted, if not at place of death? Former or usual recidence
Filed Mon, 22, 1902 A.B. Johnson Filed Mon, 22, 1902 A.B. Johnson Fregistran	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER BURIAL ADDRESS Chapties 6 W. Saratoga St., Balto., Requesting V, S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

supplies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. Housemuil, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise_specification as Day loborer. Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the mobile factory. only when needed. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ness of various pursuite can be known. The question -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois very important, so that the relative healthful-Compositor, For perrons who have no occupation whatever, The material worked on may form part Architect, As examples: (a) Spinner, (b) Cotton At home. Care should be Never return "Laborer," Locomotive If retired from engineer, Civil

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar "magnetic fever ferrospinal ("Freelight), Tuberculosus of lungs, meninginging first. In the center). Tuberculosus of lungs, meninging magnetic first.

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Non-enclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL. surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," mus," "Old Age," "Shock," "Ursemia," "Weakness "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthonia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstition ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of cause. etc., when a definite disease can be ascertained as the Example: Measles (discuse causing death), 29 de.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meaules; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," carbolic acid-probably "Exhaustion,

Every (tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED Z PLAINLY. MAR

V. S. No. 1.

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Village or City St. Mares 1227.3 Village or City St. Serrges Line.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1848.	that I last saw halive on, 191,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
e OCCUPATION (a) Trade, profession, er particular kind of work O ystepmen	a go programme and the second
(b) General nature of Industry business, or establishment in which employed (or employer)	(Buration)
State or country Markey's Co. My.	Secondary (Ourstion)
10 NAME OF FATHER MIRRATION 11 BIRTHPLACE	(8) gnod) Nathista Habes Tee Mil
C OF FATHER (State or country)	*State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the state,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Par ghase Del	Where was disease contracted, If not at place of death?
(AGGTOGE) St. Georges Solt. Mit.	18 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL A. 1022
FBEE MAY AY 191 HOLLINGTHAN REGISTRAR	20 UNDERTAKER & Clarke Sheat Mills
Off more blanks are needed, address State Registrar. I	8 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired write None state occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant. Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not good ally who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farner or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in Architect, Locomolive Never return "Laborer," If retired from engineer, (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lahar insumonia. Branchapmenmonia ("Pneumonia," menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepais, Iclanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL. or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuation heart disease; Chronic interstitiad "Tumor" for madignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or misearriage as "PUERPERAL septichaemia," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," (Recommendations acid-probably "Exhaustion,

B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY EMNSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK -THIS IS A PERMANENT RECOND PLAINLY. WRITE 9 S. No. 1.

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BINDING

FOR

REGERVED

County At Marys 12274	STATE OF MARYLAND CERTIFICATE OF DEATH
VHIODO OF CHY Great Mills (No. ,	St.; Ward) [If death eccurred in a haspital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Mosth) (Day) (Year)
** DATE OF BIRTH August 3/, 1922 (Month) (Day) (Year) **TAGE If LESS than 1 day, hrs. OR min.?	that I last saw how alive en
© OCCUPATION (a) Trade, prefession, or particular kind of work. (b) Second noise of industry besidess, or establishment in which employed (or employer). BIRTHPLACE (State or country)	(Burattee) pre 2 mee 7 days Contributory Secondary
10 NAME OF FATHER Walter Neale 11 BIRTHPLACE OF FATHER (State or rountry) Maryland 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (State the DIREASE CAUSING DRATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. (Suicidal or Homicidal.
OF MOTHER Carrie Barber 13 BIRTHPLACE OF MOTHER (Blate or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informat) Carrie Meale	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At plecs In the of deeth
(Address) Great Mills, Md. 16 Filed DOV 8. 1822 Bean MD Local REGIOTRAR	St Nicholas Church Mor S., 1822 20 UNDERTAKER Julius Barber Great Mills, My

more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective engineer, Stationary fireman, etc. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. The question For perrons who have no occupation whatever At home. Care should be Locomotive engineer, (a) Spinner, (b) Cotton But in many cases, If retired from of age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

lapse," on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. suicide. BUICIDAL, or MOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness." symptoms or terminal conditions, such as "Asthenia," Example: Mcasles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) head-homicide; Poisoned Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, "PUBRPERAL peritonitis," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Anaemia" "Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurg., sepsis, tetanus) may be stated ete. by "PUERPERAL septichaemia." "Dropsy," "Exhaustion," carbolic acid-probably State cause for which (Recommendations mound

1 PLACE OF DEATH	STATE OF MARYLAND
County St Mary's 12275	CERTIFICATE OF DEATH Registration Dist. No. 257
VIIIage or City Pearson (No.,	St.; Ward) [If death occurred to e heighted or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year 17 HEREBY CERTIFY, That attended deceased free
Month (Day) (Year)	that I last saw ham alive on 20 10, 1022
T AGE If LESS than 1 day,hrs. ORmin. ?	The CAUSE OF DEATH * was as follows:
© GCUPATION (a) Trade, prefessioe, er particular kind ef werk (b) Generel neture of industry basiaces, er esteblishment in which employed (er employer)	Cerebral Memorrhage (Burstian) pre , man 3/2
BIRTHPLACE (State or sountry) Maryland	Contributory Chance replaction (Burellon) 5 yrs. mose
PATHER Momas J. Ranson 11 BIRTHPLACE OF FATHER (Biate or country) 12 Maiden NAME 12 Maiden NAME	*State the DISPASE CAUSING DWATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Elija K Wallace 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
(State or country) Maryland	At place is the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informent) 4. P. 4 Size	of deeth

[Approved by U. S. Census and American Public Health
Association.]

engaged in domestic service for wages, as Servant, Cook write Nonc. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the oisease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil employed, as At school or At home. Care should be wife. Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question especially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of -t'oal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) (irocery: (a) Foreman, is very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means or injury and qualify as accidental, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," lapse," "Coma," on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by surgical operation was undertaken. "PUERPERAL perilonitis," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Scnile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage as "Puenperal septichormia," 'Anaemia" by railway train-accident; Revolver wound (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurete. State eause for which "Dropsy," "Exhaustion," carbolic acid-probably FOR VIOLENT ORATHS

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 16 DATE OF DEATH 3 SEX COLGA OR RACE | 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Month) Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that instructions C (Month) (Day) (Year) and that death occurred on the date stated above, at .. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: terms ························ds.for····· min. ? See 8 OCCUPATION N. N. (a) Trade, profession or plain particular kind of work important. ITH UNFADING (b) General nature of industry business, or establishment in (Duration)yrs......mos...... 2 which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 0) 0 11 BIRTHPLACE ATION OP OF FATHER *State the Disease Cousing Death, or, in deaths from Z (State or country) Violent Causes, state (1) Means of Injury; and (2) whether W 4 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AR 0 CCUP 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER 0 mos. ... da. State, yrs. mos. da. (State or country) 10 Where was disease contracted, shoul TO THE REST OF MY KNOWLEDGE if not at place of death?. statement Former or usual residence. Z THACK OF BURIAL OR REMOVAL CIAR 20 UNDERTAKER 60 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND

PLACE OF DEATH

BINDING

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ARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Mensics (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicidc. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Wcakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association. ment of cause of death approved by Committee on Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Never report more symptoms or terminal Chronic valvulur heart disease; (Recommendations on state-"Coma," "Con-(merely (second-

WARTE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECOMM

OCCUPATION (a) Trade, profession, or min. 7 (b) Boserul store of ledustry besteves, or ectablishment in which samplyed (or employer) BIRTHPLACE OF FATHER Charles I BIRTHPLACE OF MOTHER OF MOTHER (State or country) I BIRTHPLACE OF MOTHER OF MOTHER (State or country) I BIRTHPLACE OF MOTHER (State or country) DATE OF MOTHER (State or country) A BIRTHPLACE OF MOTHER (State or country) DATE OF MOTHER (State or country) A BIRTHPLACE OF MOTHER (State or country) DATE OF BURIAL MARY ADDRESS ADDRESS ADDRESS		PLACE OF DEATH	STATE OF MARYLAND
Village or City. PERSONAL AND STATISTICAL PARTICULARS BERNALL SEME INTEREST OF DEATH ACCOURTING WARRING W	Count	v St. Mary 19277 (CERTIFICATE OF DEATH
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MANUE White Widowood Cornell (Meach) (Day) (Year) BATE OF BIRTH TAGE 1 HEREBY CERTIFY, That i attended deceased from the last standed deceased from the last standard deceased from the last s		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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TAGE (Month) (Day) (Tean) (Tean) (Month) (Day) (Tean) (Tea	7.0		17 I HEREBY CERTIFY, That I attended deceased from
(Signed) If LESS than 1 (637, hr. or. min.?) OCCUPATION (2) IT feld, preference, or periodichered in destrict destroy of work. (3) It feld, preference is districtly berieved. (4) Beered setting of industry berieved. Berieved.	- BA		200 14, 192 Z, to 14, 182 2
The Cause of Death * was as follows: The Cause of Death * was as follows: The Caus		(Month) (Day) (Year)	that I last saw h Amalive en Mor 14, 1972
OCCUPATION OCCUPATION Description Des	TAGI	E If LESS than	and that death occurred on the date stated above, at 1150 pm.
(B) Secretal sates of industry (B) Secretal Secre			
(Birthplace Of Father Of Mother Of M	(a)	CUPATION) Trade, profession, or Nombro Hand of mark	(atrophy/couse unknown)
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Contributory Secondary Secondar	In bush	iness, or establishment in	pssimilate food ewithin - 1 4
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State the DISEASE CAUSING DRATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 13 BIRTHPLACE OF MOTHER (Blace or country) (Blace or country) (Blace or country) (Intermedial) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermedial) (Address) (Addres		10 NAME OF PATHER Ch & S. I. I. S. H.	(3ignod) PSBcan, E. C.
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OF MOTHER 13 BIRTHPLACE OF MOTHER (Blate or oountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informati) (Address) (Address) (Address) PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL TO THE BEST OF MY KNOWLEDGE (Address) 10 PLACE OF BURIAL OR REMOVAL 11 DATE OF BURIAL 12 PLACE OF BURIAL OR REMOVAL 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 DATE OF BURIAL 20 UNDERTAKER ADDRESS	E E	(State or country) // Wraska	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
At place of death yrs. mes. ds. State, yrs. mes. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Charlo Estheth (Address) Place of death? Fromer or used residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO THE BEST OF MY KNOWLEDGE Where was diseases contracted, H net at place of death? Former or used residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS	•	OF MOTHER Wellie E. Vincent	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
(Address) Pranson, Md. (Addre		OF MOTHER	At place in the af death yrs. mes. ds. State, yrs, mes. de.
(Address) Pranson, Md. (Address) Pranson, Md. 16 Flied MT. 15,1942 P. Bear M. 20 UNDERTAKER ADDRESS	14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Flod MT. 15, 1922 P. Bear M. 20 UNDERTAKER THE ADDRESS	((Informaci) Charles Esiblett	
Flow JUNT- 15, 1922 C. J. Beare JUNDERTAKER TO ADDRESS	_	(Address) Pearson, Md.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
			20 UNDERTAKER ADDRESS
To make are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1			

[Approved by U. S. Census and American Public Health Association.]

write Nane. 6 yrs.). For perrons who have no occupation whatever, or given up on account of the disease causing death state occupation at beginning of illness. Housemond, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part business, that fact may be indicated thus: Former (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House "Toronga," "Manager," "Dealer, etc., only when needed. As examples: know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and cian, Campositor, Architect, applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Housework, or At Home, and children, not gainfully (a) Salesman, (b) Grocery: (o) Foreman, various pursuits can be known. The question very unportant. second statement. Stationary fireman, etc. But in many cases, Women at home, who are engaged in so that the relative healthfultherefore an additional line Never return Locomative engineer, (a) Spinner, (b) Cotton If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pnsumania, Branchapneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: chopneumania (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chranic valvular heart disease; Chranic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of head-homicide; Poisoned Struck by railway train—accident; cause. statement of cause of death approved by Committee or miscarrage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuras "PUERPERAL septichaemio." by "Dropsy," "Exhaustion," carbolic acid-probably FOR VIOLENT DEATHS Revalver

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BINDING

FOR

RESERVED

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PLACE OF DEATH	STATE OF MARYLAND
county St. Mary's 12278	CERTIFICATE OF DEATH Registration Dist. No. 28/
Village or City No. (No. (No.) - 2 FULL NAME Lewis J. Dmi	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male del Single MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw how alive on the date stated above, at $q_{\rm c}$ m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Change Room Room Room Room Room Room Room Roo	Contributory Contributory Contributory
10 NAME OF FATHER TURNING TO ME 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal or Homicidal.
13 B: RTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informant) 15 State on the state of the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) All place la the et death yrs. mos. ds. Stats, yrs. mos. ds. Where was dispass contracted, if not at placs of death? Former or would residence
(Address) Falley Lie Ind. 15 Filed Mov. 5. 1972 Harrison Halli, REGISTRAN	18 PLACE OF BURIAL OR REMOVAL LE muss Church Date OF BURIAL 20 UNDERTAKER RESCRET Clowns Pelly Leet



[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cank taken to report specifically the occupations of persons employed, as At school or At home Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid l'overkeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ere, without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia"); Lahar imcumonia liminchapmeumonia ("Pneumonia," meningualified. is indefinite); Tuberculosis of lungs, meningualified.

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which head-homicide; Poisoned SUICIDAL, or HOMICIDAL. or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic intershitial "Tumor" for malignant meoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., ('arcinoma, Sarcoma, etc., of... Always qualify all diseases resulting from childby The nature of the injury, as fracture of skull railway train-accident; Revolver wound (secondary), 10 ds. Never report mere The contributory (secondary or intercurby carbolic and-probably "PUERPERAL septichaemia," "Dropsy," "Atrophy," "Col-"Exhaustion, ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificity is permanently filed.

BINDING

RESERVE

ARGIN

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be critered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (no. Housemaid, etc. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed The material

Statement of Cause of Death—Name, first, the pismase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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ment of cause of death approved by Committee on head of "eontributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury. as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resuiting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Namepolature of the American Medical Association.) State cause vulsious," (seeondary or intercurrent) affection need not be (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mon-Whooping cough; For "Debility" ("Congeuital," "Senile," ctc.), VIOLENT DEATHS State MEANS OF INJURY for which surgical operation was under-Chronic valvular heart (Recommendatious on state-(mereiy (second-

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANENT TH UNFADING INK---THIS WRITE 8 --- 8 ż

BINDING

FOR

ARGIN RESERVED

No. 1.

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PLACE OF DEATH County A many 12280	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
France 6 de BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
no 10 ,920	about the 192 New Chard Studenting
7 AGE (Month) (Day) (Year) 7 AGE If LESS than I dayhrs. yrsmoslods. ormin.?	and thet death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	superinduced by measles. Central
9 BIRTHPLACE (State or country) Chue Coo nes	Contributory Lecks (Duration)
11 BIRTHPLACE OF FATHER (State or country) Charles loo med 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, br, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suleidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Chester Coo My	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informant) IN LIVE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Shareve Have my Filed Mr. 12 1922 & B. Shush Registrar If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL Poly 12 , 19.22 20 UNDERTAKER Celman Scale Mechanismalls 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing heatil, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oe-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospined fever (the only definite synonym is "Bpidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Cobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by earbotic acid-probably suicide. train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicuemia:""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Taxhausticn." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Brouchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scnile," etc.), Chronic valvular heart discase; (Recommendations on state-"Anaemia" (second-

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	1 PLACE OF DEATH	STATE OF MARYLAND
	114 0 10001	CERTIFICATE OF DEATH
Co	unty W Marys 12201	-a 282
Villa	ge or Circleonastom (No. U. M.	Registration Dist. No. Auging Mard (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 61	ex [4 COLOR OR RACE 5 SINGLE, 2	16 DATE OF DEATH 22
1	MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) If I HEREBY CERTIFY, That I attended the deceased from
=	TE OF BIRTH	0 1 0 11 32 - 3
6 DA		Oct 24 1922, to 100 3 , 192 2
	Musteem, 1909	that I last saw her alive on
7 AG	(Month) (Day) (Year) E If LESS than	and that death occurred on the date stated above, at
1 22 0	dayhrs. dayhrs. dayhrs.	The CAUSE OF DEATH & was as follows:
9.00	CUPATION	Inhland Tever
(a)	Trade, profession or	
	rticular kind of work General nature of industry	24.
O bu	isiness, or catablishment in	(Duration)yramea
	hich employed or (employer)	Contributory
	(State or country)	(Duration), yre. mov. de.
	10 NAME OF 4	(Signed) paul a. Camelor M.D.
	FATHER Daviel Hoodhum	11/11 Tomandhan.
13	11 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from
Z	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME Lucretia Sucy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place of death yrsmosda, State,yrsmosda,
	(State or country)	Where was disease contracted,
14 T	THE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) They Tradbum	ueual residence.
	(Address) Britis	10 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
15	11/11/11	20 UNDERTAKED ADDRESS
F	Filed 1/4 1922 Cawalen	Myn. / Mall- 1 1 -1 -
	Registrar	11 " U / Millingly Warrander
1	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requoting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) Civil engineer, Stationary firemen, etc. cupation is very important, so that the relative healthen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal nature of the business or industry, and therefore an Whatever, write None. business, that fact may be indicated thus: Furner (reor given up on account of the pisease causing phatic Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer: Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation Precise statement of oc For many occupations a single word or term on yrs.). For persous who have no occupation without more precise specification as Day -Coal mine, etc. Womof persons But The material The ques-

Estatement of Cause of Death—Name, first, the pisuase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumenia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Dropsy," "Exhausticn," "Heart failure,", "Haemor-rhage," "Inanition" "Marasmus," "Old Age. "Shock," causing death), 29 ds.; Bronchopneumonia; (secondary), 40 ds. Never report mere symptoms of terminal conditions, such as "Asthenia." "Anaemia" (merely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Hoalicidal, of State cause "Puerperal septicaem'a." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify al "Uraemia," "Weaknes ?" etc., when a definite disease vulsions," symptomatic), "Atrophy," "Collapse," stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; inges, peritonucum, etc., Carcinonia, Surcama, etc., of unqualified, is indefinite); Tuberculosis of livings, men ture of the injury, as fracture of skull, and conse Poisoned by earbolic acid-probably suicide. taken. (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; of "contributory." -accident; Revolver wound of head-homicide; .. (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e.g., sepsis, telanus) may be stated under the "Debility" ("Congenital," "Semily." etc.), for which surgical operation was under-(Recommendations on state-Example: Meastes: (disease ete. The contributory "Coma," not be "Con-

